24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		
Senate Conservatives Fund		C C00448696
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination
Mailing Address PO Box 388		
Walling Address PO Box 388		Amount
City State Zip C	ode	253.70
Alexandria VA 2231		Transaction ID: E997E582E16B043B0B8D Date of Disbursement or Obligation
Purpose of Expenditure IE-Loudermilk-Online Processing Cate	gory/ Type	03 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: X House District: 11
Barry Loudermilk	Oppose P	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 253		sement For:
Full Name of Payee Envision Printers/Marketing	·	Date of Public Distribution/Dissemination
		03 19 2014
Mailing Address 2 Riverbend Pkwy	, , , , , , , , , , , , , , , , , , ,	Amount
City State Zip C	ode	10873.64
		ransaction ID : ECC91A8EAB69D4D3494F Date of Disbursement or Obligation
Purpose of Expenditure IE-Loudermilk-Direct Mail Production Cate	gory/ Type	03 / 19 / 2014
Name of Federal Candidate	Support Office S	Sought:
Barry Loudermilk	Oppose P	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	127.34 Disburs 2014	sement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Paul Kilgore [Electronically Filed] Date 03 19 2014		
Signature		